

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-5330



May 3, 1979

ALL-COUNTY INFORMATION NOTICE I-50-79

• TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED FORM CA-2

REFERENCE:

Attached is a copy of the revised Form CA-2 (Statement of Facts Supporting Eligibility for Assistance) and a listing of the changes that have been made to the form. The CA-2 is the primary eligibility document used in the Aid to Families with Dependent Children (AFDC) program.

All-County Information Notice I-29-79 transmitted Form CA-20 (Redetermination Statement of Facts) for use in the annual AFDC redetermination process. The new CA-20 and revised CA-2 represent major improvements in the AFDC forms-system. They reflect this Department's current and continuing commitment to eliminate red tape where possible and to simplify administration of the AFDC program without loss of program effectiveness. These forms will enable your EWs to save considerable amounts of time in their daily work as well as being more convenient to use, thus making their often difficult job significantly easier.

The significant improvements made by this revision are:

1. The form has been reduced from seven AFDC pages to five. This has been accomplished primarily by design changes and the elimination of information of only marginal usefulness. Thus the equivalent of two pages of information which has relevance only to occasional cases will no longer need to be dealt with by the typical AFDC applicant and EW. The food stamp pages were also removed from this revision since they do not reflect the new food stamp eligibility criteria. Efforts are currently underway to determine the best way to process joint AFDC/FS applications.
2. Primary subject areas are covered on their own separate pages. For example, Page 1 has been carefully redesigned to include virtually all significant identifying characteristics of each Family Budget Unit (FBU) member. All income and work expense

items are located on Page 3 and, all property (both personal and real) items are on Page 4. This feature of covering all subject area items on one page only should prove to be a major administrative convenience to EWs. Since these pages all represent consolidations of information and elimination of redundancies, they will also be easier for the applicants to fill out.

3. This version of the CA-2 consolidates the essential features of form CA-3 (AFDC Eligibility Determination Summary) thereby eliminating the need for that form. This has been accomplished by providing specific preprinted verification information on the form (especially the FBU identification items); as well as a box on the last page with a summary list of the key eligibility factors.
4. The coversheet has been reorganized to include an enumeration of recipient rights to go along with the list of responsibilities. The child support information has been removed in accordance with the plan to consolidate all related child support information on the CA-2.1 coversheet. (This form has already been released.) In addition, the coversheet language has been simplified and the print made larger and easier to read through improved design.
5. The certification page contains two new provisions: an expansion of the Social Services and Child Health Disability and Prevention Program (CHDP) information and placement of this information after the signatures. This should provide for a greater ability to assess service needs and potentials apart from the AFDC eligibility context, and thus enable applicants to make clearer decisions and express preferences for involvement. The feature of not signing the form except in the presence of the eligibility worker will help ensure that the applicant clearly understands all rights, responsibilities and benefits.

With the reduction in the number of pages from seven to five, the elimination of the form CA-3, the "primary pages" feature and the overall tighter, more efficient format, implementation of this revised CA-2 should significantly improve the eligibility determination process.

This revision was developed in consideration of input received from a wide variety of sources including the County Welfare Directors Association (CWDA) and recipient advocate groups. The final product is the result of a joint effort by this Department and the County Forms Advisory Committee.


As with all state AFDC forms, an open file is maintained in order to receive recommendations and suggestions for future forms improvement. If you have any suggestions or comments please provide them in any written form to:

AFDC Forms Coordinator
 AFDC Program Systems Bureau
 744 P Street, Mail Station 16-31
 Sacramento, California 95814

We have already provided two advance copies of the CA-2 via the GEN 127 Notice of Forms change for the benefit of those counties that do their own printing. Regular warehouse supplies are expected to be available around June 1, 1979. Orders for this revision will be accepted after May 28, 1979, on the GEN 727 B, County Forms Order. If you have a supply of the current CA-2 in stock you may continue to use it until exhausted. Spanish translations of the revised CA-2 are expected to be available September 1, 1979.

If you have questions about the revised CA-2 please contact your AFDC Management Consultant at (916) 445-4458.

Sincerely,

A handwritten signature in cursive script, reading "Kyle S. McKinsey". The signature is written in dark ink and is positioned above the printed name and title.

KYLE S. MCKINSEY
Deputy Director

Attachment

cc: CWDA

FORM CA 2 CHANGES

Format and language changes have been made throughout the form to improve readability, comprehension and clarity. The key changes that have been made are highlighted below and are followed by a comprehensive list of all items incorporated or deleted from this CA 2 revision.

Key Changes

COVERSHEET:

1. Separated program information, and rights and responsibilities into identifiable groups.
- 2) Removed child support information. This information is now available on the recently released CA 2.1 coversheet.

DATA GATHERING PAGES:

- 3) Reduced form from seven to five pages.
- 4) Consolidated the verification functions of the CA 3 in the county use only columns by providing additional preprinted information with check boxes to aid EWs with the documentation of these items.
- 5) Changed "I/We" format to "Do you and your family" throughout the form for clarity.
- 6) Removed Food Stamp pages. This information is obtained by completion of a separate form.
- 7) Relocated the certification and social services sections. These sections are to be completed in the presence of the EW to insure that the applicant fully understands the content of the form before he/she signs it.
- 8) Consolidated primary subject areas on one page, e.g., the first page is for recording potential FBU members only; page three for income and expenses and page four for all property items. This feature should facilitate the collection and processing of information.
- 9) Changed the section on federal eligibility based on the unemployed father so that a 5-year work/training history is completed by the applicant (similar to a job application). The information relating to quarters will now be completed by the EW to reduce applicant confusion and to enable the EW to make a more accurate determination.

Other Changes:

COVERSHEET

1. Removed: (a) instructions for completing form and transferred them to page one; (b) child support information and relocated on the CA 2.1 (Child Support Notice and Agreement); and (c) unemployment insurance benefits information which is included on the CA-1 (Application for Public Assistance).
2. Incorporated and reworded the statement on voluntary work registration into the Applicant Rights Section.
3. Changed title of coversheet from "Important Instructions to Applicants ... to "Important Information for AFDC Applicants and Recipients."
4. Added statement "If you are also applying for food stamps, a separate application is required."
5. Added informing paragraph regarding other reference where applicants can obtain additional AFDC information.
6. Redesigned and expanded applicants'/recipients' rights section.
7. Redesigned and expanded applicants'/recipients' responsibilities section.
8. Relocated Social Security number disclosure section.
9. Relocated SSN agreement statement, combined warning (advising applicants/recipients of possible criminal penalties, etc.) in one section requiring only one signature.
10. Added signature block for spouse, other parent, other adult applicant with right and responsibility acknowledgement.

Page 1 - FBU COMPOSITION - This page is exclusively designed to list all FBU members for whom aid is requested.

- Transferred instructions for completing form from coversheet.
 - Changed "I/We" format to "you or your family" for clarity.
- Item 1. Changed name sequence to "first, middle initial, last," to standardize method for collecting this information.
- Item 2. (Formerly No. 6 and No. 7) Moved the Citizenship question to the front page and combined with No. 2.
- Moved marital status question to front page and combined with No. 2 and clarified for each spouse.
 - Added separate FBU member section to collect data on "other adult" requesting aid.
 - Added the question for each child listed, "Child living in the home?" with space to give reason if living outside the home (formerly No. 3).

County Use Only Column:

- Removed section containing ethnic origin and primary language data collection boxes (now on CA 1).
- Added check boxes for verification and documentation. EWs should write in how the item was documented, for example, if "Citizenship/alien status" is being verified - write in "BC" for birth certificate, the alien alien card number or "CA 6 pending." In order to improve the collection of information and make better use of space it was necessary to reduce the number of spaces allowed for listing children from eight to five. In those few situations where more than five children will be in the FBU a photocopy of this page should be attached to the form.

Page 2 - FAMILY LIVING ARRANGEMENTS/SCHOOL TRAINING/EMPLOYMENT - This page collects information about "other household members," school and training and the "unemployed father."

- Item 3. (Formerly No. 4) Removed request for birth date and birth place of other persons living in the home because information was not considered relevant.
- Added CA 2.2 and CA 293 check boxes in county use column to indicate how statement was verified and documented.
- Item 4. (Formerly No. 5) Reworded residence question and eliminated completion section. If the question is answered "no", EWs will have to follow up with further information.
- Item 5. (Formerly second part of No. 7) Redesigned and separated question for clarification purposes.
- Added CA 2.1 and CA 371 check boxes in county use column to indicate how statement was verified and documented.
- Item 6. (Formerly 13D) Added check boxes in county use column to each line to verify and document each entry.
- Item 7. (formerly No. 10) Reworded Veterans' question.
- Item 8. Clarified unemployed parent question and redesigned section.
- Added "employer statements" and "determination of good cause required" check boxes in county use column.
 - Eliminated child care question (formerly 13F) and relocated it in the Social Services section.
- Item 9. Reworded phrase "or was eligible to receive UIB" and redesigned (section A).
- Added space (section B) to list employment history for past five years. The completion of this section can be omitted if answer to No. 9A is yes.

- Moved chart for checking quarters for work or training to the county use column (formerly No. 14). This section is to be completed by the EW based on the data provided by the applicant.
- Added check boxes to record whether case is federal or nonfederal.

Page 3 - INCOME/EXPENSES - This page has been designed exclusively for the purpose of listing all income whether earned or unearned. The design and rewording of this section should make it easier for the applicant to complete and the EW to use.

Item 10. (Formerly 12 A, 1-21 and 12 B) Redesigned section and rephrased question on income.

- Added examples of income sources: tax refunds, interest, public retirement, vacation pay, legal or accident settlements, dividends and royalties.
- Added public assistance as a possible source of income (formerly No. 11). Main question asking if applicant has received aid previously was reworded and added to CA 1 application.

Item 11. (Formerly No. 12A 22.) Redesigned in-kind income section and made it a separate question.

- Added space in county use column to show total in-kind income value and check boxes to indicate if earned or unearned.

Item 12. (Formerly No. 13(A)(B) and (C)) Redesigned income and work expenses section. Section was designed for computation of income and work expenses for one person only. In those rare situations where more than one person is working, it is recommended to photocopy this page and attach it to the form.

A. Added "self-employed" and "occupation" items.

B, C, D. Redesigned to improve collection of information.

E. Added the statement, "Is there anyone in your home who can babysit for you?"

F. (Formerly 12C) Changed format and language of child/spousal support question so the essential data taken from the court order can be recorded by the EW in the county use column. This feature should avoid applicant confusion.

Page 4 - PROPERTY

Item 13. (Formerly No. 15) Redesigned section by using check box format. The explanation columns should be easier to complete and provide better data.

Item 14. (Formerly Nos. 8 and 15) Combined all insurance questions within an improved format.

- Added "coverage code" and "total CSV" items in county use column to assist EW document the appropriate information.

Item 15. (Formerly No. 16) Redesigned motor vehicle section.

- Added preprinted box in county use column to indicate (up to 3 vehicles) vehicle class, value of each, total net value, and if used for an approved plan of employment.

Item 16 (Formerly No. 17) Redesigned and reworded section for collecting personal property items information for clarity.

Item 17. (Formerly No. 18) Redesigned real property section.

- Added in county use column an item to assist EW to compute net value of property owned (assessed value less encumbrances).

Item 18. (Formerly No. 19) Deleted examples of real estate and personal property and added "If yes, explain what and when" in order to improve the collection of information.

Page 5 - CERTIFICATION PAGE

Item 19. (Formerly No. 9) Rephrased question about prior month medical expenses. This should enable EW to obtain expenses for the current month and the three months prior to month of application. This will ensure that all applicants potentially eligible for this coverage are given the opportunity to apply. All other information currently collected was removed from this section, since it is collected on the required MC 213.

- Added MC 213 check box in county use column.

Item 20. (Remains No. 20) Changed special needs section by using check box format and consolidated all special and nonrecurring needs within one section.

- Added check boxes to county use column for verification of special and nonrecurring needs.
- Added the statement "complete the rest of this page in the presence of an EW."
- Rephrased certification statement.
- Added "county where signed" box to signature block to obtain the jurisdiction where signed to ensure a complete penalty of perjury statement.
- Relocated and redesigned social services section as follows: reworded CHDP question to clarify. EWs must make sure that both

questions A1 and A2 are answered. All referrals for CHDP services or more information should be made in accordance with local county procedures; added other "services" examples which the applicant/recipient may be eligible for; standardized "CHDP," "Family Planning" and "Other Services Referral" block in county use column to document what required information was given and what referrals were made; and improved overall language to communicate better.

- Added a county use section summarizing the eligibility determination.
- Added signature blocks for the EW and EW Supervisor.

NOTICE OF FORM CHANGE

DATE

April 26, 1979

TO: County Welfare Department Attn: Supply Clerk	FROM: Forms Management Unit (916) 445-1780
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☐ Other

Listed below is information regarding a form change. Only applicable information is shown.

It is suggested that this notice be placed in your Department of Benefit Payments Forms Catalog as a reference of form changes.

FORM NUMBER AND TITLE

CA 2 - Statement of Facts Supporting Eligibility for Assistance (4/79)

ORDER UNIT Set of 5	<input type="checkbox"/> Free <input checked="" type="checkbox"/> Sold	ESTIMATED PRICE .04¢ per set	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 4/79	REPLACES 1/77	<input type="checkbox"/> Obsolete
SUBSTITUTE PERMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DBP PERMISSION REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED Department of Social Services Warehouse 6150 - 27th Street Sacramento, California 95822		<input type="checkbox"/> OTHER	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

☒ Use until exhausted ☐ Destroy

USE NEW FORM when old supply is exhausted.

☐ When supply available ☐ When effective:

USE FORM IN ACCORDANCE WITH

<input type="checkbox"/> Manual Letter No.	<input type="checkbox"/> All County Letter No.
<input type="checkbox"/> Manual Section(s)	<input type="checkbox"/> Other

ADDITIONAL INFORMATION

These two advance reproducible copies of the revised CA 2 are for your use should you choose to print your own supply. The regular DSS Warehouse supply is expected to be available around June 1, 1979. Orders will be accepted after May 28, 1979, on the GEN 727B, County Forms Order. Use new form when old supply is exhausted.

Additional information regarding this form will follow in an All-County Information Notice.

Important Information for AFDC Applicants and Recipients

Information requested on the attached form is necessary to determine your eligibility for public assistance. If you are also applying for Food Stamps, a separate application is required.

Read the information below carefully before completing the attached form (CA 2). It will enable you to understand your rights and responsibilities under the Aid to Families with Dependent Children (AFDC) program. If you do not understand some of the questions, ask the eligibility worker for an explanation. You should refer to and read the handbook "Aid to Families with Dependent Children in California" (available through the welfare department) so that you can better understand the AFDC program.

Your Rights as an Applicant or Recipient

- To have your AFDC eligibility determined within a maximum of 45 days.
- To apply for an immediate need cash payment at any time during the processing of your application if an emergency situation arises.
- To be notified in writing at least ten days before your grant is to be reduced or discontinued.
- To voluntarily register for employment services if you are **not** required to register as a condition of eligibility.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap, or age; and to file a complaint should you feel you have been discriminated against.
- To discuss any action regarding your case with the welfare department any time you are dissatisfied.
- To request a state hearing if you are dissatisfied with any action taken by the welfare department on your application or grant.
- To be treated with courtesy and consideration.
- To have your records kept confidential by the welfare department.
- To be informed of what your rights and responsibilities are.
- To receive aid without interruption when you move from one county to another if you remain eligible.

Please See Reverse Side

Your Responsibilities as an Applicant or Recipient

While your application is being processed or while you are receiving aid, you must report the following kinds of changes to the County Welfare Department immediately (within 5 days) and on the next CA 7 (Monthly Income and Eligibility Report):

- You receive money from work, relatives, social security, veterans' benefits, tax refunds, or any other source.
 - You begin or stop work or training.
 - You begin to receive free rent or utilities where you live.
 - Your income increases, decreases, starts or stops.
 - You get or dispose of real estate or personal property, including purchase or sale of homes, vehicles, etc.
 - Your child(ren) (16-21 years old) begins or drops out of school or training.
 - You or your spouse become pregnant and want aid for the unborn or you or your spouse terminate a pregnancy for which you are receiving aid.
 - Someone moves into or out of your home (including your children).
 - You move to another address, or visit outside the county or state for more than 30 days.
 - You get married, become separated, or divorced.
 - You reunite with your spouse or the absent parent returns to the home.
- If you aren't sure that a change should be reported, contact your eligibility worker to determine what effect, if any, it will have on your application or grant. If you receive aid to which you are not entitled as a result of failing to report facts, a demand for repayment may be made.

Social Security Number

You must furnish or cooperate in securing a Social Security Number for each person (except for unborn children) for whom you are applying for AFDC. The furnishing of the Social Security Number is a condition of eligibility required by Section 402(a)(25) of the Social Security Act. The number will be used in the administration of the AFDC program.

If you cannot presently furnish a Social Security Number for all persons for whom you are applying for AFDC, you must cooperate in securing such number(s) by applying directly to the Social Security Administration, and providing such number(s) to the county welfare department when received.

I certify that I have been informed of my rights and responsibilities as stated above, and am aware of the possibilities of criminal penalties for making false statements or failing to report information or situations which may affect my eligibility or amount of grant.

Signature of Applicant

Date

Signature of Spouse, Other Parent, Other Adult Applicant

Date

I certify that I have informed the applicant or recipient of his/her rights and responsibilities as stated above and of the possibilities of criminal penalties for making false statements or failing to report information or situations which affect his/her eligibility or amount of grant.

Eligibility Worker's Signature

Eligibility Worker's Number

Date

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- To have your AFDC eligibility determined within a maximum of 45 days.
- To apply for an immediate need cash payment at any time during the processing of your application if an emergency situation arises.
- To be notified in writing at least ten days before your grant is to be reduced or discontinued.
- To voluntarily register for employment services if you are **not** required to register as a condition of eligibility.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap, or age; and to file a complaint should you feel you have been discriminated against.
- To discuss any action regarding your case with the welfare department any time you are dissatisfied.
- To request a state hearing if you are dissatisfied with any action taken by the welfare department on your application or grant.
- To be treated with courtesy and consideration.
- To have your records kept confidential by the welfare department.
- To be informed of what your rights and responsibilities are.
- To receive aid without interruption when you move from one county to another if you remain eligible.

Please See Reverse Side

Your Responsibilities as an Applicant or Recipient

While your application is being processed or while you are receiving aid, you must report the following kinds of changes to the County Welfare Department immediately (within 5 days) and on the next CA 7 (Monthly Income and Eligibility Report):

- You receive money from work, relatives, social security, veterans' benefits, tax refunds, or any other source.
 - You begin or stop work or training.
 - You begin to receive free rent or utilities where you live.
 - Your income increases, decreases, starts or stops.
 - You get or dispose of real estate or personal property, including purchase or sale of homes, vehicles, etc.
 - Your child(ren) (16-21 years old) begins or drops out of school or training.
 - You or your spouse become pregnant and want aid for the unborn or you or your spouse terminate a pregnancy for which you are receiving aid.
 - Someone moves into or out of your home (including your children).
 - You move to another address, or visit outside the county or state for more than 30 days.
 - You get married, become separated, or divorced.
 - You reunite with your spouse or the absent parent returns to the home.
- If you aren't sure that a change should be reported, contact your eligibility worker to determine what effect, if any, it will have on your application or grant. If you receive aid to which you are not entitled as a result of failing to report facts, a demand for repayment may be made.

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If you cannot presently furnish a Social Security Number for all persons for whom you are applying for AFDC, you must cooperate in securing such number(s) by applying directly to the Social Security Administration, and providing such number(s) to the county welfare department when received.

I certify that I have been informed of my rights and responsibilities as stated above, and am aware of the possibilities of criminal penalties for making false statements or failing to report information or situations which may affect my eligibility or amount of grant.

Signature of Applicant

Date

Signature of Spouse, Other Parent, Other Adult Applicant

Date

I certify that I have informed the applicant or recipient of his/her rights and responsibilities as stated above and of the possibilities of criminal penalties for making false statements or failing to report information or situations which affect his/her eligibility or amount of grant.

Eligibility Worker's Signature

Eligibility Worker's Number

Date

STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR ASSISTANCE

INSTRUCTIONS: Complete all questions in ink (black preferred). If you have any problems with any questions, leave them blank and the eligibility worker will assist you. Use receipts and records to help you answer questions, and bring them with you to the interview to support your answers. Questions asking about "you or your family" refer to all persons for whom you are requesting aid.

1. APPLICANT'S NAME (First, Middle Initial, Last)						COUNTY USE ONLY					
HOME ADDRESS (IF YOU DO NOT HAVE A HOUSE NUMBER ON A CITY STREET, GIVE DIRECTIONS TO YOUR HOUSE OR ATTACH A MAP)						Deprivation Verification	Citizenship / Alien Verification/ Status	Age Verification	Work Reg. - MA 5-95 Gen 827 or exempt. code.	FFP Status: (Fed., Non-Fed., Essen. Pers.)	
MAILING ADDRESS (ADDRESS WHERE THE AID PAYMENT IS TO BE MAILED - NUMBER, STREET, CITY, STATE, ZIP CODE)											
2. LIST ALL PERSONS FOR WHOM YOU ARE REQUESTING AID. (Include Unborn Children)											
1. APPLICANT'S NAME (First, Middle Initial, Last)		ARE YOU A CITIZEN OF THE UNITED STATES?	PRESENT MARITAL STATUS? (CHECK ONE)								
SOCIAL SECURITY NUMBER	CIRCLE SEX M F	YES NO	<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON LAW MARRIAGE <input type="checkbox"/> WIDOWED								
BIRTHPLACE (CITY, STATE)	BIRTHDATE / /	<input type="checkbox"/> <input type="checkbox"/>									
2. SPOUSE/UNMARRIED PARENT		U.S. CITIZEN?	PRESENT MARITAL STATUS? (CHECK ONE)		CHILD(REN) NEED AID BECAUSE OF PARENT'S: (CHECK ✓ BELOW)						
SOCIAL SECURITY NUMBER	CIRCLE SEX M F	YES NO	<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMON LAW MARRIAGE <input type="checkbox"/> WIDOWED								
BIRTHPLACE	BIRTHDATE / /	<input type="checkbox"/> <input type="checkbox"/>									
3. OTHER ADULT		U.S. CITIZEN?	PROVIDING CHILDCARE?		ABSENCE UNEMPLOYMENT INCAPACITY DEATH						
SOCIAL SECURITY NUMBER	CIRCLE SEX M F	YES NO	<input type="checkbox"/> YES <input type="checkbox"/> NO RELATIONSHIP TO CHILDREN IN THE HOME (AUNT, UNCLE, SISTER, ETC.)								
BIRTHPLACE	BIRTHDATE / /	<input type="checkbox"/> <input type="checkbox"/>									
4. NAME OF UNMARRIED CHILDREN/UNBORN		U.S. CITIZEN?	MOTHER'S NAME								
SOCIAL SECURITY NUMBER	CIRCLE SEX M F	YES NO	FATHER'S NAME								
BIRTHPLACE	BIRTHDATE / /	<input type="checkbox"/> <input type="checkbox"/>	CHILD LIVING IN THE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, GIVE REASON.								
5. NAME		U.S. CITIZEN?	MOTHER'S NAME								
SOCIAL SECURITY NUMBER	CIRCLE SEX M F	YES NO	FATHER'S NAME								
BIRTHPLACE	BIRTHDATE / /	<input type="checkbox"/> <input type="checkbox"/>	CHILD LIVING IN THE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, GIVE REASON.								
6. NAME		U.S. CITIZEN?	MOTHER'S NAME								
SOCIAL SECURITY NUMBER	CIRCLE SEX M F	YES NO	FATHER'S NAME								
BIRTHPLACE	BIRTHDATE / /	<input type="checkbox"/> <input type="checkbox"/>	CHILD LIVING IN THE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, GIVE REASON.								
7. NAME		U.S. CITIZEN?	MOTHER'S NAME								
SOCIAL SECURITY NUMBER	CIRCLE SEX M F	YES NO	FATHER'S NAME								
BIRTHPLACE	BIRTHDATE / /	<input type="checkbox"/> <input type="checkbox"/>	CHILD LIVING IN THE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, GIVE REASON.								
8. NAME		U.S. CITIZEN?	MOTHER'S NAME								
SOCIAL SECURITY NUMBER	CIRCLE SEX M F	YES NO	FATHER'S NAME								
BIRTHPLACE	BIRTHDATE / /	<input type="checkbox"/> <input type="checkbox"/>	CHILD LIVING IN THE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, GIVE REASON.								

LIST ALL OTHER PERSONS LIVING IN YOUR HOME.									
NAME (First, Middle Initial, Last)		AGE	SEX M/F	RELATIONSHIP TO CHILDREN	DOES PERSON HAVE INCOME?				
					<input type="checkbox"/> YES <input type="checkbox"/> NO				
					<input type="checkbox"/> YES <input type="checkbox"/> NO				
					<input type="checkbox"/> YES <input type="checkbox"/> NO				

④ DO YOU AND ALL MEMBERS OF YOUR FAMILY FOR WHOM YOU ARE REQUESTING AID PRESENTLY LIVE IN CALIFORNIA AND INTEND TO CONTINUE LIVING HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO									
⑤ IF THE OTHER PARENT OF THE CHILD(REN) DOES NOT LIVE WITH YOU, GIVE THE REASON: (Employment away from home, military, etc.)									
⑥ ARE YOU OR ANYONE IN YOUR FAMILY (16 years and over) PRESENTLY ATTENDING SCHOOL OR A TRAINING PROGRAM? If YES, complete the following:									
NAME	AGE	NAME OF SCHOOL OR TRAINING PROGRAM	CITY	NUMBER OF UNITS	HOURS				

⑦ HAVE YOU BEEN IN THE MILITARY SERVICE OR ARE YOU THE SPOUSE, PARENT OR CHILD OF A PERSON WHO HAS BEEN IN THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO									
⑧ HAVE EITHER OF THE CHILD(REN)'S PARENTS QUIT OR REFUSED A JOB OR TRAINING WITHIN THE LAST 30 DAYS? If YES, complete below.									
PARENT'S NAME	AMOUNT OF LAST PAY CHECK \$	LAST DAY OF JOB/TRAINING MONTH / DAY / YEAR	HOURS OF WORK/TRAINING IN LAST 30 DAYS	REASON FOR LEAVING OR REFUSAL					

⑨ COMPLETE THE FOLLOWING FOR THE CHILD(REN)'S FATHER WHO IS UNEMPLOYED AND LIVING IN THE HOME.

A. Has he received Unemployment Insurance Benefits (UIB) within the last 12 months? ☐ YES ☐ NO
If the answer to this question is YES, go to ⑩. If the answer is NO, complete section B below.

B. List his employment and training history for the past 5 years. Begin with his last job or training.

1.	2.	3.	4.	5.	6.	7.	8.
NAME OF EMPLOYER or TRAINING PROGRAM	NAME OF EMPLOYER or TRAINING PROGRAM	NAME OF EMPLOYER or TRAINING PROGRAM	NAME OF EMPLOYER or TRAINING PROGRAM	NAME OF EMPLOYER or TRAINING PROGRAM	NAME OF EMPLOYER or TRAINING PROGRAM	NAME OF EMPLOYER or TRAINING PROGRAM	NAME OF EMPLOYER or TRAINING PROGRAM
Amount paid weekly	Amount paid weekly	Amount paid weekly	Amount paid weekly	Amount paid weekly	Amount paid weekly	Amount paid weekly	Amount paid weekly
To / From / No day yr	To / From / No day yr	To / From / No day yr	To / From / No day yr	To / From / No day yr	To / From / No day yr	To / From / No day yr	To / From / No day yr
Work or Training	Work or Training	Work or Training	Work or Training	Work or Training	Work or Training	Work or Training	Work or Training
From / To / \$	From / To / \$	From / To / \$	From / To / \$	From / To / \$	From / To / \$	From / To / \$	From / To / \$

YEAR Jan-Mar Trng. \$50 Apr-Jun Trng. \$50 July-Sept Trng. \$50 Oct-Dec Trng. \$50									
QUARTER Jan-Mar Trng. \$50 Apr-Jun Trng. \$50 July-Sept Trng. \$50 Oct-Dec Trng. \$50									

☐ Non-Federal

☐ Federal

☐ UIB Verif. obtained

☐ UIB Eligible

☐ Cause Required

☐ Determination of Good

☐ Employer Statements

☐ CA 5

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

SCHOOL ATTENDANCE VERIFIED

☐ CA 2.1

☐ CA 371

☐ CA 2.2

☐ CA 293 (UAM)

COUNTY USE ONLY

10

DO YOU OR YOUR FAMILY RECEIVE OR EXPECT TO RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES? Check each item. If YES, explain below.
COUNTY USE ONLY

	YES	NO		YES	NO
A. Public Assistance (SSI/SSP, Gold Checks, General Assistance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	J. Rental of Land, Buildings, Vehicles (Attach explanation and details)	<input type="checkbox"/>	<input type="checkbox"/>
B. Child/Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	K. Sale of Property (Trust Deeds)	<input type="checkbox"/>	<input type="checkbox"/>
C. Unemployment or Disability Insurance/ Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	L. Loans, Payments on Your Behalf	<input type="checkbox"/>	<input type="checkbox"/>
D. Veterans' or GI Benefits, Military Allotments	<input type="checkbox"/>	<input type="checkbox"/>	M. Tax refunds	<input type="checkbox"/>	<input type="checkbox"/>
E. Social Security, Railroad Retirement,	<input type="checkbox"/>	<input type="checkbox"/>	N. Public Retirement, Vacation pay	<input type="checkbox"/>	<input type="checkbox"/>
F. Retirement Pensions.	<input type="checkbox"/>	<input type="checkbox"/>	O. Legal or Accident Settlements Pending	<input type="checkbox"/>	<input type="checkbox"/>
G. Self-employment or farm (attach explanation)	<input type="checkbox"/>	<input type="checkbox"/>	P. Strike Benefits	<input type="checkbox"/>	<input type="checkbox"/>
H. Training Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Q. Money for Care of Foster Child	<input type="checkbox"/>	<input type="checkbox"/>
I. Contributions, Cash Gifts	<input type="checkbox"/>	<input type="checkbox"/>	R. Interest, Dividends, Royalties	<input type="checkbox"/>	<input type="checkbox"/>
			S. Scholarships, Grants, Loans for School	<input type="checkbox"/>	<input type="checkbox"/>
			T. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Name of Person Receiving Income	Source of Income	Date Received (OR EXPECTED)	Amount	How Often? (WEEKLY, MO.)

INCOME VERIFIED:
☐ SSA 1610

☐ CA 5

11

DO YOU OR YOUR FAMILY RECEIVE ANY OF THE FOLLOWING FREE OR IN EXCHANGE FOR WORK THAT YOU DO? Check each item. If YES, explain below.

Income Value \$ _____

ITEM RECEIVED	YES	NO	NAME OF PERSON RECEIVING ITEM	VALUE OF ITEM
A. Housing or Rent	<input type="checkbox"/>	<input type="checkbox"/>		
B. Utilities	<input type="checkbox"/>	<input type="checkbox"/>		
C. Food	<input type="checkbox"/>	<input type="checkbox"/>		
D. Clothing	<input type="checkbox"/>	<input type="checkbox"/>		

☐ Earned

☐ Unearned

12

ARE YOU OR IS ANYONE IN YOUR FAMILY (14 Years or Over) PRESENTLY WORKING OR EXPECT TO BE WORKING WITHIN THE NEXT TWO MONTHS?

If YES, complete the following:

☐ YES ☐ NO

EARNINGS AND EXPENSES VERIFIED:

A. NAME OF PERSON WORKING		SELF EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF EMPLOYER		OCCUPATION
B. HOW MANY DEPENDENTS ARE CLAIMED FOR INCOME TAX PURPOSES?		HOW OFTEN IS THE PERSON WORKING PAID? (CHECK ONE)			
		<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other (explain) <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every two weeks			
DAY OF THE WEEK THE PERSON IS PAID			WHAT IS THE AMOUNT OF THE PAY CHECK BEFORE DEDUCTIONS?		
DOES THE PERSON WORKING RECEIVE ANY OTHER MONEY, SUCH AS TIPS, COMMISSIONS, ETC.?					HOW MUCH?
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain:					\$ _____ Per
C. CHECK ANY OF THE FOLLOWING JOB RELATED EXPENSES:			WHAT IS THE TOTAL AMOUNT PAID FOR THESE EXPENSES? (PROVIDE RECEIPTS)		
<input type="checkbox"/> Uniforms <input type="checkbox"/> Union Dues <input type="checkbox"/> Other (explain)			\$ _____ Per		
D. WHAT METHOD OF TRANSPORTATION IS USED TO GO TO AND FROM WORK? (CHECK ALL BOXES THAT APPLY)					
<input type="checkbox"/> Your Own Car <input type="checkbox"/> Someone Else's Car <input type="checkbox"/> Public Transit (Bus, Train, Etc.) <input type="checkbox"/> Car Pool <input type="checkbox"/> Other (explain)					
HOW MANY DAYS A WEEK IS THIS TRANSPORTATION USED?			WHAT IS DAILY ROUND TRIP MILEAGE (INCLUDE MILEAGE TO CHILD CARE)		
IF A CAR POOL IS USED, IS THE WORKER A DRIVER OR RIDER?		HOW MUCH DOES THE CARPOOLER PAY OR RECEIVE WEEKLY?	LIST OTHER RELATED EXPENSES (PARKING, TOLLS, ETC.)		AMOUNT DAILY
		\$ _____	\$ _____		\$ _____
E. HOW MUCH IS PAID EACH MONTH FOR CHILDCARE WHILE AT WORK?		IS THERE ANYONE AT HOME WHO CAN BABY-SIT FOR YOU?	IF YES, WHO? AND WHAT IS THEIR RELATIONSHIP TO YOU? (MOTHER, SISTER, ETC.)		
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
F. DOES THIS PERSON PAY CHILD OR SPOUSAL SUPPORT?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

☐ Wage Stubs

☐ Tips expected:

☐ Transportation Determination Made

Alternate method available? _____

Cost \$ _____

☐ Childcare Verified

☐ Viewed Court Order

Amount of Order \$ _____

Date of Order _____

County, State _____

☐ Petition to Court 44-113.9

13 DO YOU OR YOUR FAMILY HAVE ANY OF THE RESOURCES LISTED BELOW?

Check each item. If YES, explain below.

YES	NO	YES	NO	YES	NO
A. Savings Account		B. Checking Account		C. Credit Union Account	
D. Checks or money (at home or elsewhere)		E. Notes, mortgages, trust deeds, sales contracts		F. Trust Fund	
G. Stocks, Bonds or Certificates		H. Other resources which can be quickly changed into cash (specify)			

14 DO YOU OR YOUR FAMILY HAVE ANY OF THE FOLLOWING INSURANCE COVERAGES?

Check each item. If YES, explain below.

YES	NO	YES	NO
A. Life		B. Burial	
C. Medical/Health		D. Mortgage	

15 DO YOU OR YOUR FAMILY OWN OR USE ANY MOTOR VEHICLES?

If YES, complete the following:

OWNER OF VEHICLE	NAME OF PERSON WHO USES VEHICLE	YEAR, MAKE AND MODEL	LICENSE NO. AND STATE OF REGISTRATION	MO. Payment	Bal. Owed
------------------	---------------------------------	----------------------	---------------------------------------	-------------	-----------

16 DO YOU OR YOUR FAMILY OWN OR USE PERSONAL PROPERTY WHICH COST AT LEAST \$100 FOR EACH ITEM OR ARE NOW WORTH AT LEAST \$100 EACH?

If YES, list such things as: Boats, campers, recreational equipment, farm equipment, tools, livestock, trailers, musical equipment, jewelry, etc. Do not list: Clothing, wedding rings, rugs, furniture, appliances, televisions, other household furnishings.

NAME OF ITEM	DATE OF PURCHASE	Purchase Price (if a gift check the box)	AMT. OWED
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17 DO YOU OR YOUR FAMILY OWN OR ARE YOU OR YOUR FAMILY IN THE PROCESS OF BUYING REAL ESTATE?

If YES, list all land and buildings (including your house) that you own, have title to or share title in.

TYPE (Land, home, apartment, etc.)	USE (Home, income, investment)	ADDRESS OR LOCATION	OWNER(S)	Name of Mortgage Co.	Amt. Owed
------------------------------------	--------------------------------	---------------------	----------	----------------------	-----------

18 HAVE YOU OR YOUR FAMILY SOLD, TRANSFERRED OR GIVEN AWAY ANY REAL ESTATE OR PERSONAL PROPERTY WITHIN THE LAST 2 YEARS?

If YES, explain what and when:

Total Value: \$

Total CSV \$

Used for Employment/ Training

Vehicle: 1 2 3

Class:

Value \$

Total Value \$

Coverage Code

Total Personal Property Value

Net Market Value

Assessed Value \$

Less Encumbrances \$

Net Value \$

19 DID YOU OR YOUR FAMILY HAVE ANY MEDICAL EXPENSES WITHIN THE LAST 4 MONTHS? ☐ YES ☐ NO

20 DO YOU OR YOUR FAMILY HAVE ANY OF THE FOLLOWING SPECIAL NEEDS? Check each item.

	YES	NO		YES	NO
A. Special diet (prescribed by doctor)	<input type="checkbox"/>	<input type="checkbox"/>	E. Housework (unavailable from other household members)	<input type="checkbox"/>	<input type="checkbox"/>
B. Special transportation need.	<input type="checkbox"/>	<input type="checkbox"/>	F. Very high use of utilities	<input type="checkbox"/>	<input type="checkbox"/>
C. Special telephone equipment	<input type="checkbox"/>	<input type="checkbox"/>	G. Special laundry service	<input type="checkbox"/>	<input type="checkbox"/>
D. Replacement of essential household items, lost or damaged due to unusual circumstances <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Other (specify) _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE THE REST OF THIS PAGE IN THE PRESENCE OF AN ELIGIBILITY WORKER
CERTIFICATION

I have read and received a copy of the coversheet attached to this form. I am aware of, understand and agree to meet all my responsibilities as described on the coversheet.

I understand that the statements I have made on this form are subject to investigation and verification. I am also aware that my case may be selected for an additional review to ensure that my eligibility was determined correctly.

After answering all questions, you, your spouse or other parent of the child(ren) living in the home and other adults for whom aid is requested must sign this form. If you make a mark, a witness must also sign below. An interpreter or someone completing this form for you also must sign.

"I declare under penalty of perjury that the foregoing statements of fact are true and correct."

SIGNATURE (OR MARK) OF APPLICANT/RECIPIENT	DATE SIGNED	COUNTY WHERE SIGNED
SIGNATURE OF SPOUSE, OTHER PARENT, OTHER ADULT RECIPIENT	DATE SIGNED	COUNTY WHERE SIGNED
SIGNATURE OF WITNESS, INTERPRETER, OR PERSON COMPLETING FORM FOR APPLICANT/RECIPIENT	DATE SIGNED	

SOCIAL SERVICES

The following services are free of charge if you are eligible for AFDC. Your answers to these questions will not affect your eligibility.

A. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under age 21.

1. Do you want more information about CHDP services? ☐ YES ☐ NO
2. Do you want CHDP services? ☐ YES ☐ NO

B. Do you want to talk to a social worker or want information about any of the following: Employment, child care, discrimination, personal adjustment, other living arrangements, alcoholism, drug addiction, mental emotional or health problems, special services for blind or visually impaired children and adults, transportation, family planning, etc. ☐ YES ☐ NO

C. Family Planning Services are available to help you voluntarily limit family size, space children and prevent unwanted pregnancies. Do you or any member of your family want family planning services? ☐ YES ☐ NO

COUNTY USE ONLY

☐ MC 213
☐ Special Need Verified
☐ Non-Recurring Special Need Verified

☐ CHDP Brochure and explanation given
☐ Referred to:
☐ Date:

☐ Other Services Referral:

☐ Family Planning Information Given
☐ Referred _____ Date

COUNTY USE ONLY

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Deprivation requirements met
<input type="checkbox"/>	<input type="checkbox"/>	Age requirements met
<input type="checkbox"/>	<input type="checkbox"/>	Residence requirements met
<input type="checkbox"/>	<input type="checkbox"/>	Citizen requirements met
<input type="checkbox"/>	<input type="checkbox"/>	Work registration requirements met
<input type="checkbox"/>	<input type="checkbox"/>	Institutional status requirements met
<input type="checkbox"/>	<input type="checkbox"/>	Net nonexempt income less than MBSAC
<input type="checkbox"/>	<input type="checkbox"/>	Below personal property limitations \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Below liquid property limitations \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Below real property (assessed value less encumbrance) limitations \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Real property utilization requirements met

Other Comments:

☐ Ineligible (reason) _____

☐ Eligible (effective date) _____

Signature of EW	Date
Signature of Supervisor	Date